	Inder the Paperwor	k Reduction Act of 199	5 no persons are requ	ired to respond to a collection	of information unless	U.S. DEPARTMENT ( it displays a valid OMI	3 control number					
Fees pursuant to the C	Consolidated Appl	noriations Act 2005	(H B 4818)	Complete if Known								
PÉÉTRANSMITTAL				Application Number	10/517,46	10/517,466						
4				Filing Date	Decembe	December 6, 2004						
AUG 0 2 2007 Tor FY 2007				First Named Inventor	Shaily Ve	rma						
1 13				Examiner Name	Simon No	guyen						
Applicant clairs small entity status. See 37 CFR 1.27				Art Unit	2618		**					
TOTAL AMOUNT OF PAYMENT (\$) 1020.00				Attorney Docket No.	PU02026	3	——)					
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498												
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):												
Deposit Account: Deposit Account Number 07-0832  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge face(s) indicated below Charge face(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.												
FEE CALCULATION	(All the fees	below are due	upon filing or	may be subject to	a surcharge.)							
1. BASIC FILING, SE				, == ===,=3(10								
	FILING F			CH FEES Small Entity	EXAMINA	TION FEES Small E	ntity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)					
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
EXCESS CLAIM FI Fee Description     Each claim over 20 (inclu Each independent claim Multiple dependent claim	iding Reissues over 3 (includin				20	Small E e (\$) 50 00	Entity Fee (\$) 25 100 180					
Total Claims		tra Claims	Fee (\$)	Fee Paid (\$)		∞ <u>Iltiple Depend</u> e						
- 01	HP =	x	\$50			e (\$)	Fee Paid (\$)					
HP = highest number of t	otal claims paid	for, if greater tha	n 20.									
	HP =	tra Claims	Fee (\$) \$200	Fee Paid (\$)								
HP = highest number of i		iiins paid for, if gre	ater man 3.									
APPLICATION SIZ  If the specification and listings under 37 CFR sheets or fraction ther	d drawings ex 1.52(e)), the	application size	fee due is \$250	(\$125 for small ent								
Total Sheets	Extra She	ets <u>Nu</u>	mber of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)					
- 100 =		/50=	(rour	nd up to a whole nur	nber) x							
4. OTHER FEE(S)							Fees Paid (\$)					
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing				XTENSION - \$102	0.00		\$1020.00					

SUBMITTED BY					
Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,877	Telephone	(609) 734-6440
Signature	Catherine a	Ferensen			July 31, 2007